Argyle Family Practice

Dr. Christopher Hughes, MD

After Reading ALL Documents,
Please Electronically Sign at
the Front Desk.
This document will be saved in your medical record.
You can retrieve a copy from our Patient Portal

Practice Policies

Welcome to Argyle Family Practice, office of Christopher hughes, MD
We strive to provide the highest quality of medical care. In an effort to foster a collaborative relationship, we ask that you accept some responsibilities as well. Please read the following policies and acknowledge

Registration:

- All patients are required to complete a patient information form and present a valid form of identification along with their insurance card before being seen by a provider.

All co-payments, deductibles, and other fees are due at the time of service.

- Full payment is due at the time of service unless other payment arrangements have been made. Copays, deductibles, co-insurance, and balances are also expected at the time of service. Delays in insurance occur when insurance information is not provided in a timely manner. Such delays may also result in insurance not covering the services provided. **When an insurance company denies payment for a service, it is the patient's responsibility to cover the charges. Therefore, it is important to review your benefits with your insurance provider. In the event your insurance plan determines a service to be "a non-covered service", you will be responsible for all non-covered and allowable charges.** ***Please NOTE: The balance that we quote you at the time of services is an estimate. You may still receive a bill for any remaining balance after your insurance carrier process your claim.***

Cancelation and No-Show Policy:

- If we know 24 hours ahead of time that you will not be able to make your appointment, then we will be able to accommodate another patient in your time slot.
- Failure to give us 24-hour notice will result in a fee charged to your account. That amount will be $50.00.
- If you No Show your appointment, you will be charged $50.
- While we attempt to confirm your appointment a few days prior to your scheduled date, it is your responsibility to remember your appointment time and date.
- Three (3) repeated missed appointments or late cancellations will result in the termination of our relationship with you.

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Late Arrivals:

- We work hard to stay on schedule to respect your time. To stay on schedule, we ask you to arrive 15 minutes before your appointment. If your appointment is at 10 AM, Our goal is to have you roomed and ready to be seen by 10 AM. If you are a new patient to the practice, you should arrive 20 to 30 minutes before your appointment to give yourself plenty of time to finish all the necessary paperwork. Arriving later than the recommended times, you are subject to more extended waiting periods. Medical emergencies can make the providers run behind, and we ask for your patience and understanding. **Patients who arrive Five (10) minutes past their appointment time may be rescheduled for another day.**

After-hour Calls:

- If you are experiencing a life-threatening medical emergency, call 911.
- If you need urgent but not emergency assistance during non-business hours, please call the office. A provider is on call 24 hours a day after hours only for urgent matters, not for routine business. After hour emergency calls are handled by our answering service. They will contact the on-call provider on your behalf. **There will be a fee of $50 dollars if the provider is contacted after hours.**
- After hour line is not for refills. Please follow the refill policy.

Refill Policy:

- **All prescription refill requests should originate from the patient by contacting their pharmacist asking to request the refill electronically. All refill requests should be approved or disapproved by our office within 48 business hours. Routine prescription refills will not be fulfilled during the weekends or after office hours. Please plan ahead.**
- **You may also request your refills through the patient portal. This may be an easier option.**
- All chronic, non-controlled medications will require a 6 month follow up unless your provider recommends otherwise.
- Pain medications for acute pain will only be filled for 10 days and a follow up will be required if further refills are needed. We do not manage chronic pain in our office and we will refer you to Pain Management if these services are necessary.
- Other controlled substance (ADHD medication, sleep medications, and etc.) will require 4 months follow up.

Referrals:

- Please allow five (5) business days to process any non-urgent referrals.

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Behavior:

- **Physical and verbal abuse towards office staff will not be tolerated. This includes offensive behavior on the telephone with office personnel. Abusive behavior may result in immediate dismissal from the practice.**

Termination Policy:

- **We pride ourselves on our patient-physician relationship and will strive to maintain a professional and respectful relationship. Unfortunately, there may be a time when we deem a patient-physician relationship to be unhealthy due to non-compliance to treatment plan, unacceptable behavior, or nonadherence to clinic policies. At this point, we have the right to terminate the relationship. We will provide a written letter to notify you of the termination. We will continue providing you care for 30 days after the termination letter for urgent medical needs. This will give you an appropriate time to find another provider to address your medical needs.**

Patient Portal:

- While we encourage the use of the portal, please be aware that portal messages will NOT be answered after office hours, on weekends, or on holidays. Please use the main office phone number for emergencies/urgent matters.

- Please inform the office staff if you have any forms you need completed when you arrive, or by phone when you schedule an appointment.
- There is a fee to complete these forms. The length and complexity of the form or letter determines the amount of the fee ($10-$75).

Authorization for the Use or Disclosure of Protected Health Information

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing this consent. The terms of our Notice may change. If we change our notice, you may obtain a revised copy by contacting our office at 7222 Crawford Rd. Suite 100 Argyle, Tx 76226

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, and health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior Consent. The Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

The patient understands the following:

- Protected health information may be disclosed or used for treatment, payment, or health care operations.
- The Practice has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice.
- The Practice reserves the right to change the Notice of Privacy Policies.
- The patient has the right to restrict the uses of their information but the Practice does not have to agree to those restrictions.
- The patient may revoke this Consent in writing at any time and all future disclosures will then cease
- The Practice may condition treatment upon execution of this Consent

I agree that Dr. Christopher Hughes, MD, may request and use my prescription medication history from other healthcare providers and/or third-party pharmacy benefits payers for treatment purposes.

Financial Responsibility

I, the undersigned below, request that payment of authorized medical insurance benefits be made on my behalf to Argyle Family Medical, PLLC, A Professional Corporation, for services furnished to me by any provider associated with Argyle Family Medical. I authorize any holder of medical information about me to release to the appropriate medical insurance administration and its agents any information needed to determine benefits payable for related services. I understand my signature request that payment be made and authorizes release of medical information necessary to pay the claim. If other health insurance is indicated in item 9 of

If so determined by written contract between Argyle Family Medical, PLLC and my medical insurer, then Argyle Family Medical, PLLC accepts the charge determination of the insurance carrier as the full charge, and I am responsible only for the deductible, coinsurance, and non-covered services. Coinsurance and deductible are based upon the charge determination of the medical insurance carrier. If no contract exists between Argyle Family Medical and my insurance, then I agree to accept full responsibility

services rendered.

If I represent that I have medical insurance, I accept responsibility of all charges for services furnished to me by Argyle Family Medical n the event that is determined that I was not eligible or authorized to

If I provide insurance information that is incorrect or invalid, I accept responsibility of all charges for payment for services. I understand that at the time of service, I am responsible for payment in full of any copay, out-of-network visit cost, prior outstanding balances, deductibles, and coinsurances. If I do not pay the due balance at the time of service, I agree that a convenience fee of $40 will be added to my balance.

If I do not fulfill my financial obligation to Argyle Family Medical, I will be sent written invoices detailing my obligation by Argyle Family Medical, PLLC. At the discretion of Argyle Family Medical, my account may be referred to a collection agency for failure to clear an outstanding balance. If I am referred to collections, a $100 collections fee will be added to my balance due along with any costs (including attorney fees,

Argyle Family Medical accepts cash, and credit cards. Personal checks are accepted from established patients and are never accepted for new patients. If a personal check is returned by the bank for any reason, the patient will be responsible for a returned check fee of $40.00, which includes the bank's returned check fee and office administrative cost for handling the returned check.

Please be advised that if you receive technical services such as x-rays, labs, and pathology, you may be billed the professional services by other providers as well. For example, your pathologist and radiologist (those who interpret lab and x-rays) bill separately from our clinic and may not participate in the same health plans as Argyle Family Medical. You will be responsible for paying these providers subject to the terms of your health plan or insurance, if any. Outside Lab companies will bill your insurance for all lab services provided in office. If you have any

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General Consent for Care and Treatment Consent

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical or diagnostic procedure to be used so that you may make the decision whether or not to undergo any suggested treatment or procedure after knowing the risks and hazards involved. At this point in your care, no specific treatment plan has been recommended. This consent form is simply an effort to obtain your permission to perform the evaluation necessary to identify the appropriate treatment and/or procedure for any identified condition(s).

This consent provides us with your permission to perform reasonable and necessary medical examinations, testing and treatment. By signing below, you are indicating that (1) you intend that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended; and (2) you consent to treatment at this office or any other satellite office under common ownership. The consent will remain fully effective until it is revoked in writing. You have the right at any time to discontinue services.

You have the right to discuss the treatment plan with your physician about the purpose, potential risks and benefits of any test ordered for you. If you have any concerns regarding any test or treatment recommend by your health care provider, we encourage you to ask questions.

I voluntarily request a physician, and/or mid-level provider (Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist), and other health care providers or the designees as deemed necessary, to perform reasonable and necessary medical examination, testing and treatment for the condition which has brought me to seek care at this practice. I understand that if additional testing, invasive or interventional procedures are recommended, I will be asked to read and sign additional consent forms prior to the test(s) or procedure(s). I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents. By Electronically signing this document, you agree to the statements above.

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Notice of Privacy Practices

Argyle Family Medical, PLLC, is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more

I. **How** Argyle Family Medical, **PLLC may Use or Disclose Your Health Information** Argyle Family Medical, PLLC collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of Argyle Family Medical, PLLC, but the information in the medical record belongs to you. Argyle Family Medical, PLLC protects the privacy of your health information. The law permits Argyle Family Medical, PLLC to use or disclose your health information for the following purposes:

1. Treatment. Health information will be disclosed to appropriate staff and fellow medical providers in order to offer comprehensive medical care and provide for your continuity of care. For example, we may share medical information with other physicians who are treating you, or with a pharmacist who is filling a prescription on your behalf.
2. Payment. We will disclose health information to health plans or other parties who provide you with health insurance and services coverage to secure payment. We may also disclose information to other health care providers who have treated you to assist them in obtaining payment.
3. Regular Health Care Operations. We may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may share information with a local regional health information organization for purposes of continuity of care and reviewing quality of care. We may also share your medical information with our "business associates", that perform administrative services for us. We have a written contract with each of these business associates that contains terms

5. Sign in sheet. We may use and disclose medical information about you by having you sign in when you arrive at our office. The sign in sheet will contain only minimal information. We may also call out your name when we are ready to see you.
6. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition, assistance in your health care, or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
7. Required by law. As required by law, we may use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
8. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
9. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
10. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order,
11. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying of locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
12. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors, or valid personal representatives or those with legal authority.
13. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or valid privacy board.
14. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
15. Specialized government functions. We may disclose your health information for military, national security, prisoner and government benefits purposes.
16. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.

17. Health plan. We may disclose your health information to the sponsor of your health plan or your health plan as required by our participating agreement.
18. Marketing. When we see you, we may give information about other treatments or health-related benefits and services that may be of interest to you or we may provide small promotional gifts. If we receive any remuneration from any party we will disclose this. We will not otherwise use or disclose your medical information for marketing purposes without your written authorization which may be revoked at any time.

II. **When** Argyle Family Medical, **PLLC May Not Use or Disclose Your Health Information** Except as described in this Notice of Privacy Practices, Argyle Family Medical, PLLC will not use or disclose your health information without your written authorization. If you do authorize Argyle Family Medical, PLLC to use or disclose your health information for

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. Argyle Family Medical, PLLC is not required to agree to the restriction that you requested.
2. You have the right to request that you receive your health information in a specific way or at a specific location. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications
3. You have the right to inspect and copy your health information with limited exceptions. Argyle Family Medical, PLLC may charge you a reasonable cost-based fee for copies.
4. You have a right to request that Argyle Family Medical, PLLC amend your health information that is incorrect or incomplete. Argyle Family Medical, PLLC is not required to change your health information and will provide you with information about Argyle Family Medical, PLLC denial and how you can disagree with the denial.
5. You have a right to receive an accounting of disclosures of your health information made by Argyle Family Medical, PLLC, except that Argyle Family Medical, PLLC does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you) or where you have in writing authorized a disclosure, and 16 (certain government functions) of section I of this Notice of Privacy Practices, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice

IV. **Changes to this Notice of Privacy Practices** Argyle Family Medical, PLLC reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Argyle Family Medical, PLLC is required by law to comply with this Notice. All revisions will be posted in the office locations.

V. **Complaints:** Complaints about this Notice of Privacy Practices or how Argyle Family Medical, PLLC handles your health information should be directed to our office. You will not be penalized or retaliated against for making a complaint. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

- Department of Health and Human Services Office of Civil Rights
  Hubert H. Humphrey Bldg.
  200 Independence Avenue, S.W.
  Room 509F HHH Building
  Washington, DC 20201
- You may also address your compliant to one of the regional Offices for Civil Rights. A list of these offices can be found online at www.hhs.gov.

FOR MORE INFORMATION

This document will be saved in your medical record.
You will have access to this document on our
Patient Portal